

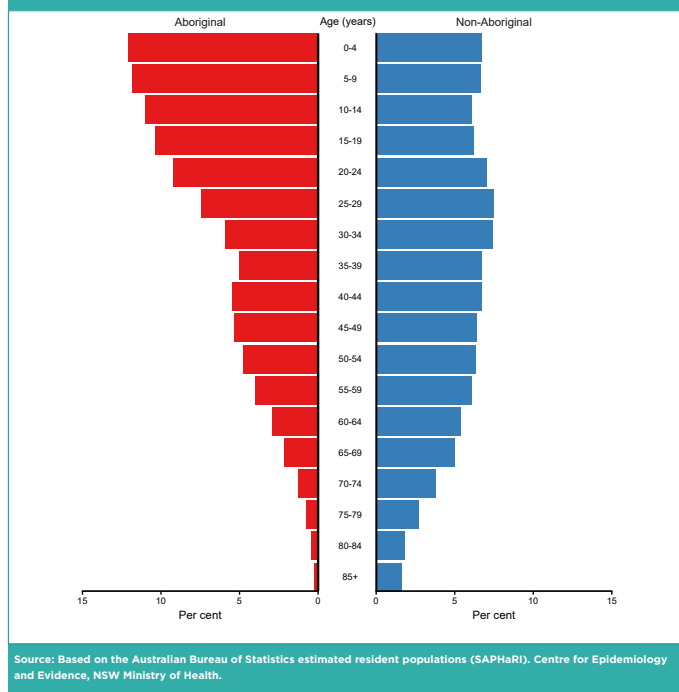
2. CONTEXT

2.1 ABORIGINAL PEOPLE IN NSW

Aboriginal Australians are the first peoples of this country and have strong cultures and resilient communities. Connection to country and family, as well as community connectedness, trust and spiritual wellbeing, are intrinsic to this resilience. Aboriginal communities are diverse, with rich and varied heritages and distinctive cultural practices, languages and traditions.

An estimated 216,176 Aboriginal people live in NSW, making up ~3% of the NSW population and 33% of the Aboriginal population in Australia.⁴ About 80% of Aboriginal people in NSW live in cities or inner regional areas. Although smaller numbers of Aboriginal people live in outer regional and remote areas, Aboriginal people make up a higher proportion of the population in these areas.⁵ Additionally, the Aboriginal population of NSW is younger than the non-Aboriginal population (Figure 1).

FIGURE 1. Population by age and Aboriginality, NSW 2016



HEALTH STATUS AND DETERMINANTS

Although the health of Aboriginal people in NSW has improved over time, they continue to have higher rates of disease and potentially avoidable death than non-Aboriginal people. On average, Aboriginal people live 8-10 years less than non-Aboriginal people.⁶ The leading causes of the disease burden among Aboriginal people are cardiovascular diseases, mental and substance use disorders, cancers, respiratory diseases and injuries.⁷

Up to one-half of the life expectancy gap between Aboriginal and non-Aboriginal people may be explained by differences in the social determinants of health.^{8,9} Aboriginal people have higher incarceration rates and lower levels of education, employment, home ownership and household income than non-Aboriginal people;¹⁰ many of these factors are outside the direct control of the health system and addressing them requires effective whole-of-government responses. Such inequities stem from colonisation—which included genocide and discriminatory practices over almost two centuries—and contribute to elevated rates of behavioural risk factors, chronic stress and intergenerational trauma in Aboriginal people.^{11,12}

Despite having a higher burden of disease, Aboriginal people use health services only marginally more than non-Aboriginal people.¹³ Barriers to health service use in Aboriginal people include: patient experiences of discrimination and racism; culturally insensitive service delivery in some settings; long distances between home and healthcare facilities, particularly in outer-regional and remote areas; and out-of-pocket healthcare costs.¹⁴

2.2 THE POLICY ENVIRONMENT

Improving Aboriginal health is a NSW Government priority, as highlighted in various statements of commitment, partnership agreements and strategies, such as:

- the **NSW Ministry of Health Statement of Commitment to Aboriginal People**¹⁵ which recognises Aboriginal people as the First Nations' people of Australia, expresses regret over past practices and policies, and commits to delivering sustainable health outcomes for Aboriginal people.

- the **NSW Aboriginal Health Partnership Agreement 2015-2025**¹⁶ which reflects the ongoing commitment of the NSW Government, through NSW Health, to work in partnership with the AH&MRC as the peak organisation representing ACCHSs.
- the **NSW State Health Plan: Towards 2021**¹⁷ which includes actions aiming to keep Aboriginal people healthy and to improve healthcare quality and continuity for Aboriginal people. It sets targets to reduce rates of smoking, smoking during pregnancy, and infant mortality in the Aboriginal population.
- the **NSW Premier's Priorities**¹⁸ which commit to increasing the number of Aboriginal people in senior leadership roles in the NSW public sector.
- the **NSW Aboriginal Affairs Strategy (OCHRE Plan)**¹⁹ which commits the NSW Government to a different way of working with Aboriginal communities, by building strong working partnerships that are based on respect for local Aboriginal culture, leadership and decision making.

Additionally, there are numerous Australian Government-led initiatives that support efforts to improve the health of Aboriginal people in NSW, including: the *National Aboriginal Health Plan 2013-2023*,²⁰ the *Close the Gap Indigenous Health Equality Summit Statement of Intent*,²¹ and the Coalition of Australian Governments Close the Gap targets.²²

2.3 THE SERVICE DELIVERY CONTEXT

The NSW health system is complex, with numerous funders and providers of services to Aboriginal people.

NSW HEALTH

The NSW public health system is made up of a network of LHDs, SHNs, pillars, the MoH, and state-wide or specialist health services which are known collectively as NSW Health. LHDs and SHNs operate public hospitals and provide health services within geographical areas or, in the case of SHNs, for a defined patient group. They are responsible for promoting, protecting and maintaining the health of the communities they serve.

LHDs and SHNs are supported to deliver high quality healthcare by specialist pillars, including the Clinical Excellence Commission, Agency for Clinical Innovation, Health Education and Training Institute, Bureau of

Health Information, and Cancer Institute NSW. The MoH is the 'system manager' and guides the development of services and investments in NSW Health, with the aim of achieving the NSW Government's health priorities.

ABORIGINAL COMMUNITY-CONTROLLED HEALTH SERVICES

ACCHSs are incorporated Aboriginal organisations owned and operated by Aboriginal communities and mostly funded by the Australian Government. ACCHSs play a key role in providing comprehensive and culturally safe primary healthcare that is tailored to the needs of local Aboriginal communities. The operations of ACCHSs are based on the principle of self-determination and an Aboriginal worldview of health. The MoH funds 41 ACCHSs in NSW to deliver holistic healthcare. It also funds the AH&MRC—the peak body representing ACCHSs in NSW—to support and build the capacity of ACCHSs.

AUSTRALIAN GOVERNMENT AND OTHER PROVIDERS

There are many non-NSW Health providers and organisations that play important roles in delivering healthcare to Aboriginal people, including: general practitioners and other private primary and secondary healthcare providers; non-government organisations (NGOs), like the Rural Doctors Network; primary health networks, which build the capability of general practitioners, commission primary health services, and work to improve the integration of health services locally; and the Australian Government Department of Health. The Australian Government funds the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, aged care services, the Medical Research Future Fund, various NGOs and the National Health & Medical Research Council. NSW Health works with these providers and organisations to continuously improve the coordination, integration and quality of healthcare.

2.4 GOVERNANCE OF ABORIGINAL HEALTH IN NSW HEALTH

There are several system-level governance and accountability mechanisms that support the implementation of the Plan, like:

- the **Strategic Aboriginal Health Steering Committee**, a high-level group co-chaired by the Secretary, NSW Health and the Executive



Director, Centre for Aboriginal Health in the MoH. It provides oversight and accountability of NSW Health's efforts to improve Aboriginal health. The Committee is working to improve the safety and quality of care for Aboriginal people, including by tackling racism.

- the **NSW Aboriginal Strategic Leadership Group**, comprised of senior Aboriginal leaders from NSW Health organisations who meet quarterly to drive improvements in Aboriginal health in areas like leadership, governance, organisational management and service delivery.
- the **NSW Health Performance Framework³** which describes the mechanisms for monitoring, assessing and responding to the performance of public sector health services. A key element of the Framework is the establishment of Service Agreements between the MoH and LHDs/SHNs which outline the level of performance expected of LHDs/SHNs, including in relation to delivering services and programs to Aboriginal people.
- the **System Purchasing and Performance Safety and Quality Framework²³** which aims to inform the design, purchasing, performance monitoring and continuous improvement of NSW Health services, and to create needs-based services that deliver safe, high quality patient care. The Framework has an equity focus, including improving the health and healthcare experiences of Aboriginal people.

